

in  
Full

## MARYLAND

**TO BE ANSWERED BY  
NEAREST FRIEND**

County  
St. Lawrence

Age 50 Years

Months

Days

Color or Race *Black*

Birth-place *Maryland*

Where Residing if not  
at place of death

Name of Wife or Husband Robert Gale

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's Birthplace

Name of parson giving  
in formation

How related  
to deceased

### CAUSES OF DEATH

How long

How long: *Child Sudden*

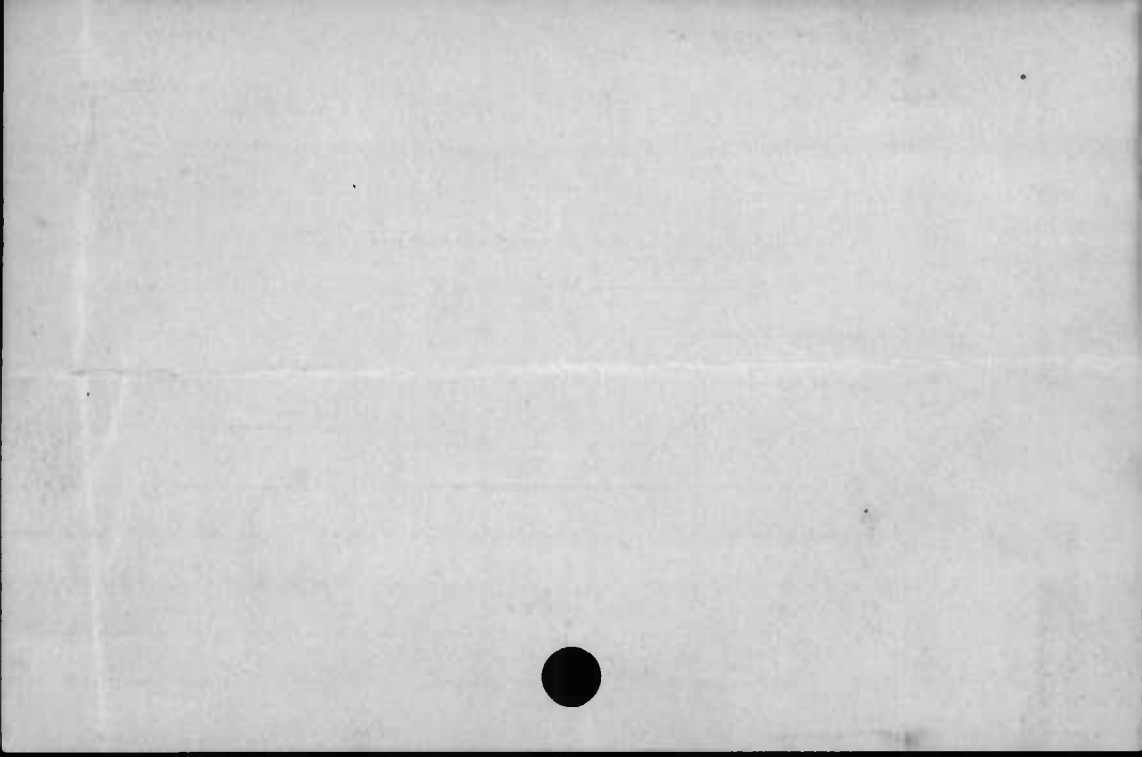
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician S. L. Karpovich

Address

### Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ellanna Collins

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Palmer**St. Mary's*

Date

Month

Day

Years

Months

Days

of death *1906**06**16*

Age

*1**3**—*

Sex

*Female*Color or  
Race*Colored*Birth-  
place*ind*

Occupation

*—*Where Residing if not  
at place of death*—*Married, Single  
or Widowed*—*Name of Wife or  
Husband*—*Father's  
Name*Joseph Collins*Father's  
Birthplace*Texas*Mother's  
Maiden Name*Cornelia Bond*Mother's  
Birthplace*ind*Name of person giving  
In formation*Henry Clark*How related  
to deceased*none*

## CAUSES OF DEATH

Primary

*measles Bronchopneumonia*

How long

*12 days*

Immediate

*Enteritis*

How long

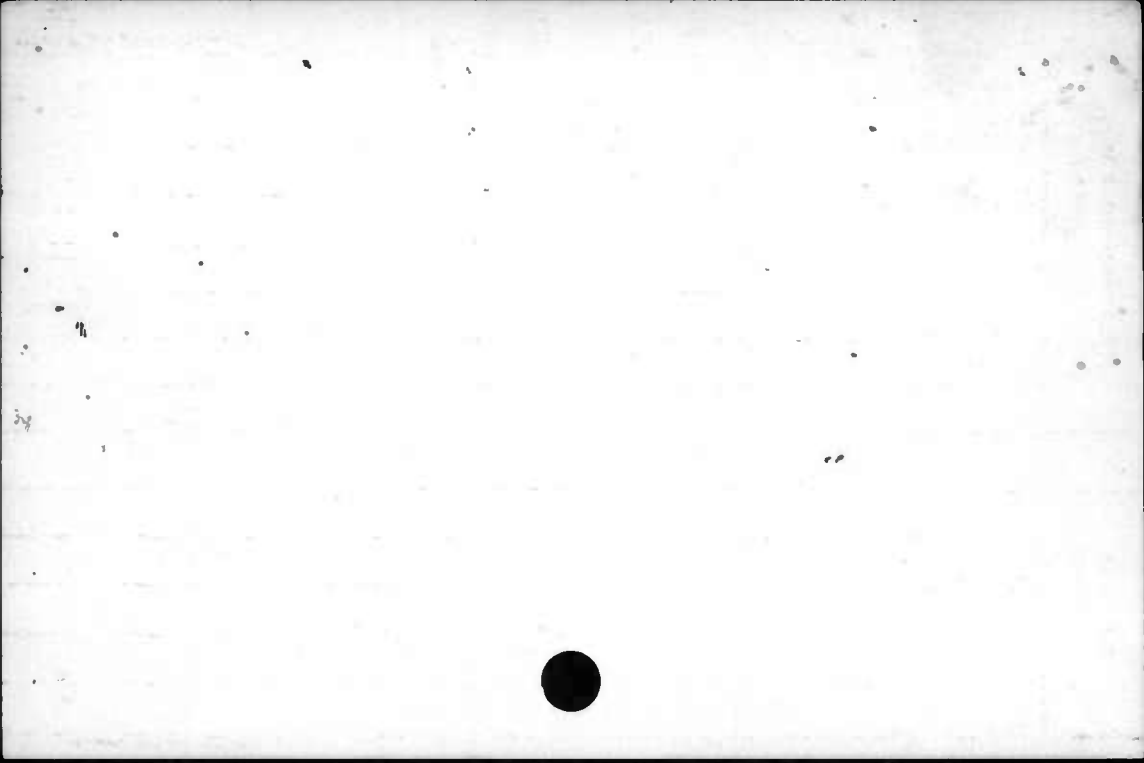
*3 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*R. H. Palmer*

Address

*Palmer**ind*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Robert Henry Collins*

Died at *Blakers Town* <sup>Town</sup> *St. Mary's* <sup>County</sup>

Date of death *1906* <sup>Month</sup> *6* <sup>Day</sup> *29* <sup>Years</sup> *82* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *male* Color or Race *Colored* Birthplace *md*

Occupation *—* Where Residing If not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Lewis Collins* Father's Birthplace *md*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Robert Henry Collins* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

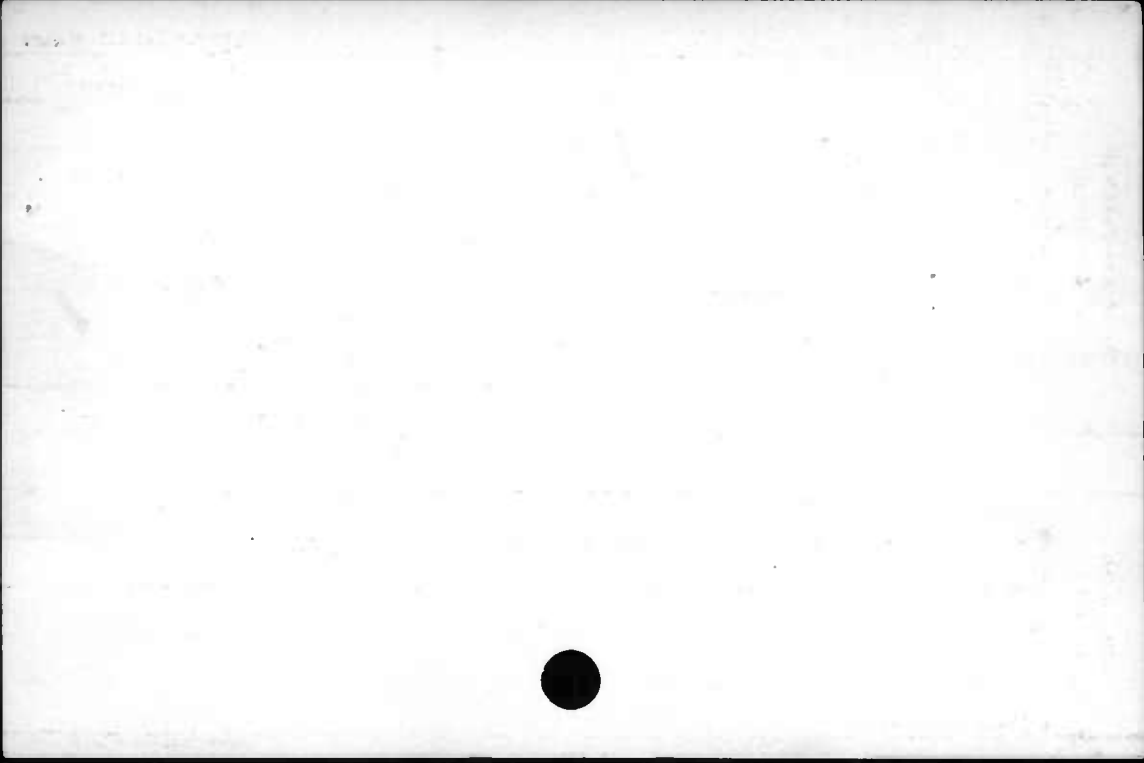
Primary *Hepatitis* <sup>How long</sup> *120* <sup>years</sup>

Immediate *Enteritis* <sup>How long</sup> *6 days*

Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *Roll V. Palmer*

Address *Palmer*

Accident or Suicide? *md*



Name  
in  
Full

Mary Elizabeth Hebb

## CERTIFICATE OF DEATH

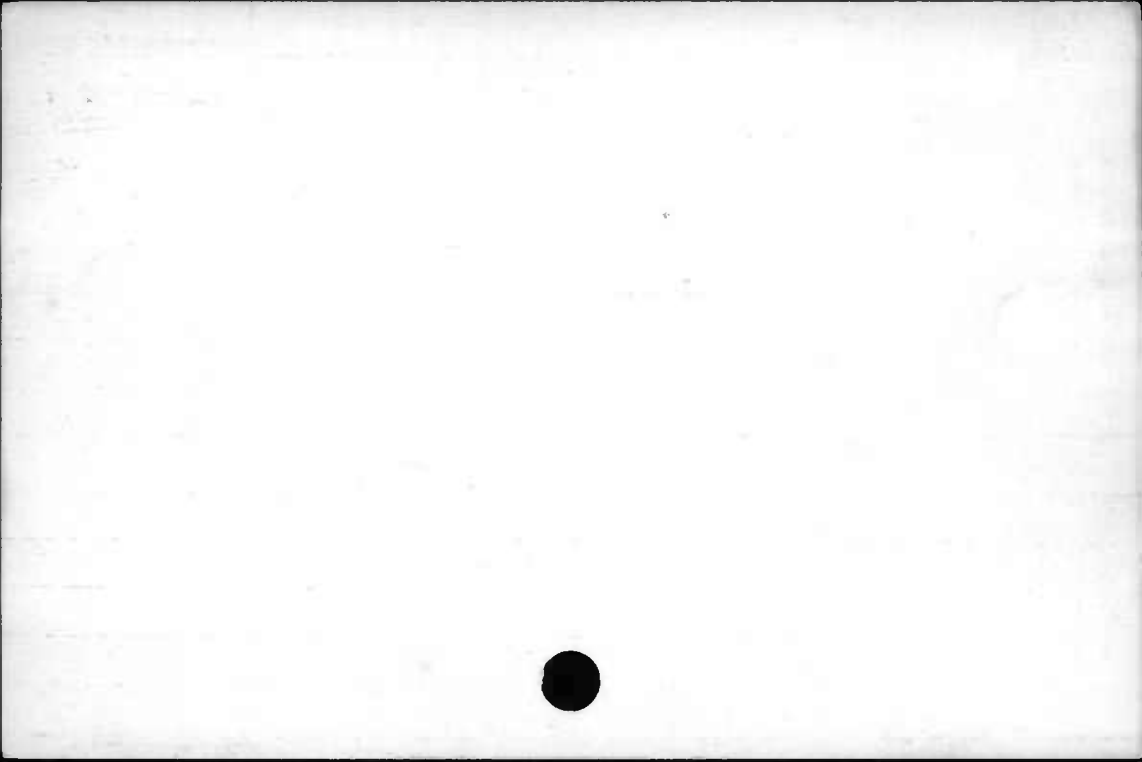
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Yernardtown* <sup>Town</sup>*St Marys* <sup>County</sup>Date of death *1906*Month *June*Day *17*Age *28* <sup>Years</sup>Months *—*Days *—*Sex *Female*Color or Race *white*Birth-place *St. Mary's Co.*Occupation *—*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *widowed*Name of Wife or  
Husband *Geo W. Hebb*Father's  
Name *—*Father's  
Birthplace *—*Mother's  
Maiden Name *—*Mother's  
Birthplace *—*Name of person giving  
information *William Hebb*How related  
to deceased *Son*

## CAUSES OF DEATH

Primary *Arterial Sclerosis*How long *3 1/2 yrs*Immediate *Apooplexy*How long *18 hours*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *H. P. Greenwell*Address *Yernardtown*Accident or Suicide? *Did*PHYSICIAN  
OR CORONER





Name  
in  
Full

Mary Philo Herbert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

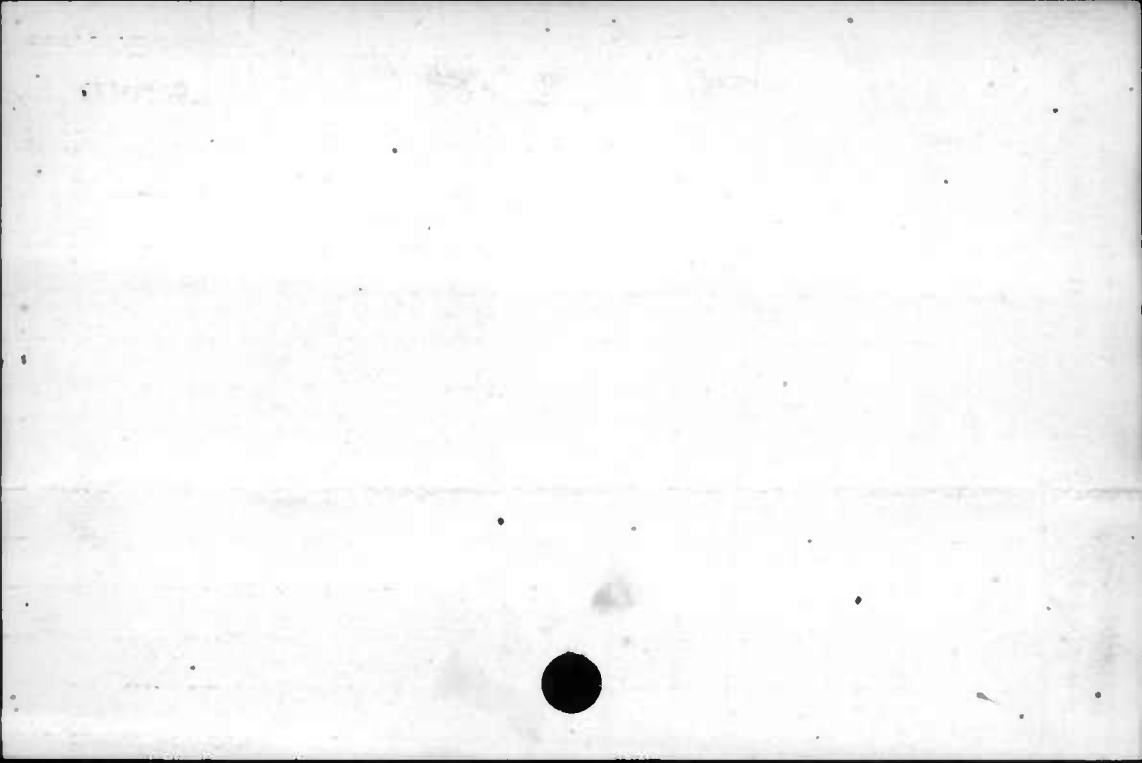
MARYLAND

Died at <u>Ridge</u> Town		<u>St Mary's</u> County			
Date of death	<u>1906</u> Month	<u>June</u> Day	<u>5</u> Age	<u>71</u> Years	Months Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>La.</u>
Occupation	<u>Domestic</u>		Where Residing If not at place of death		
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband			
Father's Name	<u>Don't know</u>			Father's Birthplace	
Mother's Maiden Name	<u>Don't know</u>			Mother's Birthplace	
Name of person giving information	<u>N. G. Abree</u>			How related to deceased	<u>Son-in-law</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Debility Seniles</u>	How long	<u>Eighth months</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. L. Lloyd, M.D.</u>
		Address	<u>Ridge</u>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <u>Jefferson Barnes Jarboe</u>			Town <u>Pearson</u>		County <u>St Marys</u>		MARYLAND		
Died at <u>Pearson</u>		Month <u>June</u>		Day <u>27</u>		Years <u>Sixty Eight</u>		Months <u>      </u>	
Date of death <u>1906</u>		Color or Race <u>White</u>		Birthplace <u>Maryland</u>		Where Residing if not at place of death <u>      </u>		Days <u>      </u>	
Sex <u>Male</u>		Occupation <u>Merchant</u>		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Queenie V Jarboe</u>		Father's Birthplace <u>Maryland</u>	
Father's Name <u>John Baswell Jarboe</u>		Mother's Maiden Name <u>Not Known</u>		How related to deceased <u>Not Related</u>		Mother's Birthplace <u>Maryland</u>		Name of person giving information <u>Luther F Miles</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Bright's Disease</u>	How long	<u>About one year</u>
Immediate	<u>Uræmia</u>	How long	<u>About 5 Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. L. Hodgdon M.D.</u>	
		Address <u>Pearson Post Office Maryland</u>	
Accident or Suicide? <u>      </u>			

Er M. Jorbas  
Ridge Inn

Name  
in  
FullSignature *A. J. Jordon*

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town <i>Greenbelt</i>		County <i>St. Mary's</i>	
Date of death	1906	Month <i>June</i>	Day <i>13</i>	Age <i>92</i>	Years <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St. Mary's</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or <del>Husband</del> <i>Sophia Hard</i>				
Father's Name <i>—</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>St. J. Jordon</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long	<i>6 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. P. J. Jordon</i>
		Address	<i>Greenbelt</i>
Accident or Suicide?	<i>—</i>		<i>—</i>



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at

Millstown

town

County

St. Mary's

Date

of death

1906

Month

6

Day

29

Age

Years

-

Months

1

Days

2

Sex

Female

Color or  
Race

colored

Birth-  
place

md

Occupation

-

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

-

Name of Wife or  
Husband

-

Father's  
Name

Richard Steward

Father's  
Birthplace

md

Mother's  
Maiden Name

Alice Holly

Mother's  
Birthplace

md

Name of person giving  
In formation

Richard Steward

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Draught

How long

1 month

Immediate

Convulsions

How long

5 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

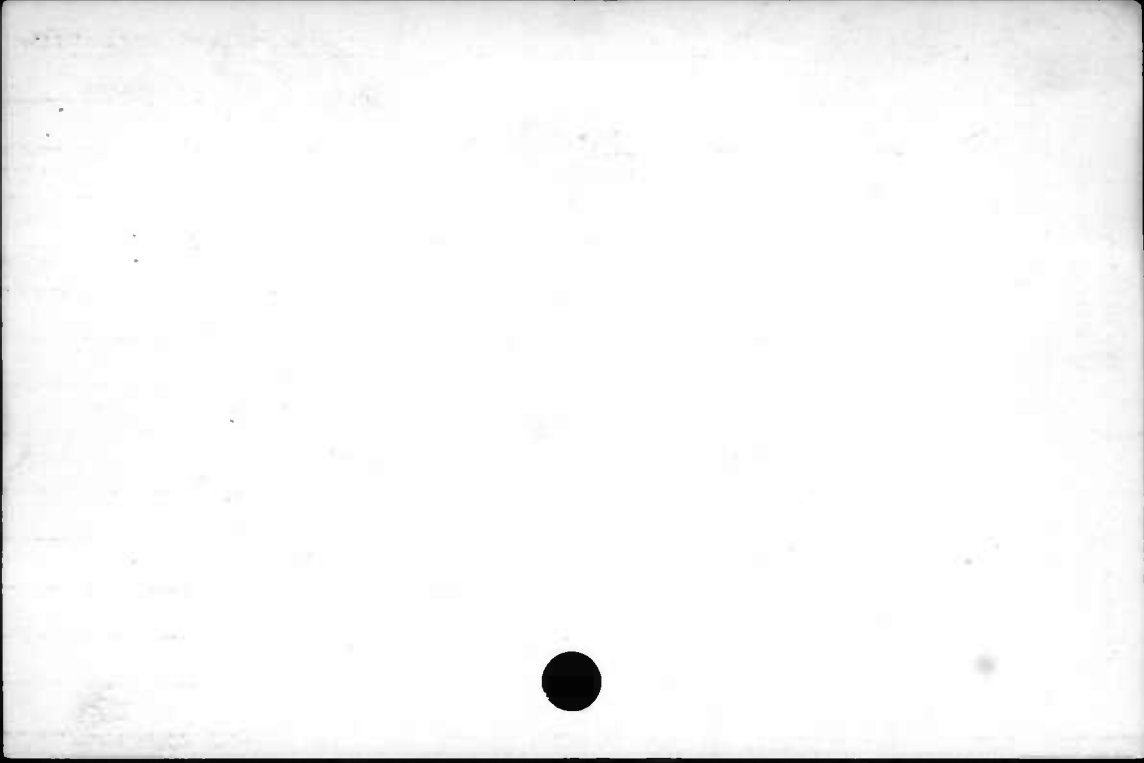
R. V. Palmer

Address

Palmer

Accident or Suicide?

md





Name  
in  
Full

Eva Wible

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Ridge Town

St Marys County

Date of death 1906 June

Month

Day 22

Age 17 Years

Months

Days

Sex Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Domestic

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Henry Wible

Father's  
Birthplace

Md

Mother's  
Maiden Name

Patie Wible

Mother's  
Birthplace

Md

Name of person giving  
In formation

Henry Wible

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Tuberculosis Pul

How long

One year

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. Floyd  
Ridge Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

